



PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

9/6
Ed Harmon
5/18/00

In re application of: Ram PRATAP, et al

Serial No.: 09/316,313

Group No.: 1612

Filed: May 21, 1999

Examiner: E. Huang

For: METHOD FOR THE TREATMENT OF MALARIA BY THE USE OF PRIMAQUINE
DERIVATIVE N¹-(3-ETHYLIDINOTETRAHYDR-2-ONE)-N⁴-(6-METHOXY-8-
QUINOLINYL)-1,4-PENTANEDIAMINE AS GAMETOCYTOCIDAL AGENT

Attorney Docket No.: U-012254-3

Commissioner Patents and Trademarks
Washington, DC 20231

AMENDMENT

Sir:

In response to the Official Action of November 8, 1999, please amend the application as follows:

IN THE CLAIMS:

Please cancel claims 1 - 10 and rewrite as follows:

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, DC 20231

CLIFFORD J. MASS

Type or print name of person mailing paper)

Date: May 8, 2000

(Signature of person mailing paper)

05/12/2000 NLUANG 00000079 120425 09316313
02 FC:102 78.00 CH

Adjustment date 05/28/2000 PWL/SUN
05/18/2000 RHARRON 00000007 120425
01 FC:102 234.00 CH

05/18/2000 RHARRON 00000007 120425 09316313
01 FC:102 234.00 CH

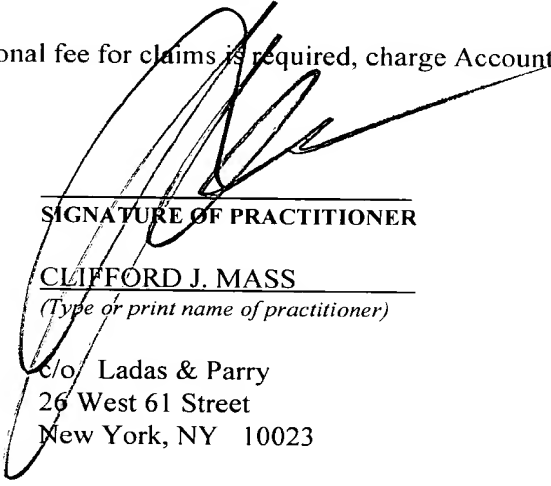
FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-0425.



SIGNATURE OF PRACTITIONER

CLIFFORD J. MASS

(Type or print name of practitioner)

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